
Bearing Witness to the Story: Narrative Reconstruction in Grief Counseling

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Psychological theorists, researchers, and clinicians have conceptualized models for understanding and treating grief and mourning since Freud's instrumental article entitled "Mourning and Melancholia" published in 1917. The traditional model of grieving is heavily influenced by psychoanalytic assumptions. Freud understood grief as an intrapsychic process of decathexis, the painful divestment of libidinal energy from memories of the lost object. As ties are surrendered to the lost object, normal functioning is restored and freedom to love again gradually returns. Object relations and attachment theory have therefore, contributed to our traditional model of mourning. George Hagman (2001) offers a comprehensive summary of the historical and recent developments in psychoanalytic theory and treatment of bereavement and mourning. He discusses the "component assumptions that comprise the standard model" (p. 17). The traditional aspects of this model include a number of conclusions about grief that have sustained over time in clinical circles.

Hagman (2001) describes the traditional model as founded upon the notion of grief as a private, not social or cultural, and identifiable process.

Mourning restores psychic equilibrium and has, as its function, the goal of returning the bereaved to the state of normalcy prior to the loss. From this

view, the emotion of grief arises from the subconscious of the affected individual and suppression of grief ultimately leads to dysfunction and illness. Stage models of grief (Pollock, 1961; Bowlby, 1961) evolved out of the psychoanalytic tradition and we began to hold the perspective that the mourning process has normal, identifiable, and predictable progression with expectations that the bereaved must master certain grief tasks. In this model, the primary task of mourning is detachment from the lost object. As Hagman (2001) attests, contemporary psychoanalytic mourning theory has now emerged with a new definition of mourning that offers the following understanding. “Mourning involves the transformation of the meanings and affects associated with one’s relationship to the lost person the goal of which is to permit one’s survival without the other while at the same time ensuring a continuing experience of relationship with the deceased...Thus, mourning involves a reorganization of the survivor’s sense of self as a key function of the process” (p.24).

We began to expand our clinical interventions to include the notion that individual response to loss is contextual in nature - colored by factors such as personality, nature of relationship to the lost object, and diversity variables such as family and cultural background. We began to entertain

the concept of the public, as well as the private, aspect of mourning. In other words, healing from grief occurs in communication and relationship with others. What must be communicated is the “crisis in the meanings by which a person’s life is given structure and substance” (Hagman, 2001, p.25). Thomas Attig (2001) defines the activity of *meaning making* in grieving. He writes, “Making in this expression strongly suggests that we are self-consciously active, take deliberate initiative, and bring new meanings into existence as we grieve” (p. 34).

Attig describes the substance of the relearning of the world inherent in grief, “a matter of learning again how to be and act in the world without those we love by our sides” (p.41). “Emotionally, we temper the pain of our suffering. Psychologically, we renew our self-confidence, self-esteem, and self-identity...Behaviorally, we transform our habits, motivations, dispositions, ways of doing things...We blend old and new ways of meeting our biological needs...Socially, we reconfigure our interactions with others...Intellectually, we question and seek answers and meanings. We change our understandings and interpretations. Spiritually, we seek peace and consolation...We deliberately examine and experiment with alternatives...We revive what still works in our selves, families, and communities...We transform ourselves as we reshape and redirect our

individual, family, and community life” (Attig, 2001, pp. 41-43). In recent models of mourning, we have come to understand grief as transformation of self as we experience continuing bonds, not detachment, with the deceased (Klass, Silverman, & Nickman, 1996). More recent emphasis has been given to the concept of narrative reconstruction in grief, the evolving personal activity of story telling and story making with intention to make meaning and interpretation from what has been lost (Neimeyer, 2001).

Neimeyer, Prigerson and Davies (2002) describe grief “psychologically as a response to the disruption of personal assumptions and relationships that sustain a sense of self” (p.235). Narrative construction describes the complex activity of how an individual weaves a subjective story about her/his life events into an interpretation of meaning of identity and possibility, of opportunity existing within transitions and life sorrows. Events of personal loss impact identity, contribution, interpersonal functioning, and emotional expression among other aspects of our personhood. The life story or narrative includes facts, perceptions, and interpretations that compose the ever-evolving process of the construction of meaning in our lives. The personal narrative may be viewed as the dynamic story of the legacies one lives, the people to whom one belongs, and the connections between who one has been and who one will be.

When seen in this way, loss disorganizes the story and disrupts our sense of autobiographical continuity and coherence (Neimeyer, 2001). One reconstructs the story in the aftermath of the disruption of loss within the web of relational understanding and support one has at that time. The social web, with all the diversity influences present, maintains, modifies, and informs the individual's reconstruction of meaning. Mourning, in the perspective of narrative construction and reconstruction, is a social phenomenon (Neimeyer, 2001). Reconciliation of grief may be viewed as integrating and incorporating a loss experience into one's life story. Grief recovery is therefore, transforming the story so that the future is created with resilience.

Deena Metzger (1992) writes "when it is our own life story that we are telling, we become aware that we are not victims of random and chaotic circumstances, that we, too, despite our grief are living meaningfully in a meaningful universe" (p.55). She states "we cannot cloister our inner selves...or we will find ourselves bereft of one of the essential components for the process of transformation: interchange" (p. 36). A therapeutic connection can be a context for restructuring the narrative. The therapeutic conversation can hold, change, and reconstruct one's meaning of what has

happened. In grief, we need persons who will bear witness to the evolving story with its nuances of meaning, characters, emotional patterns, consistency, and uncharted courses. “Stories heal us because we become whole through them. As in the word ‘remember’, we re-member, re-store, re-claim, re-new” (Metzger, 1992, p. 71).

As clinicians companioning persons in grief, we might consider collaborative conversations with clients that open and foster story-telling opportunities for “clarifying, elaborating, extending, deepening, amplifying and diminishing” (Smith & Nylund, 1997, p. 279). We can view our clinical practices as creative, multi-modal means to convene conversations for healing. From this perspective, counseling fosters curiosity and prompts exploration and possibility. Counseling can recognize and legitimize loss experiences as we partner in the re-authoring process of a life story. Grief counseling allows ambiguity, contradiction, and confusion while honoring the co-existence of diverse stories of what is lost. Grief counseling elicits empowering stories for the future. Counseling offers healing presence and engages in powerful questioning. Our clinical sessions might be structured around questions such as the following:

“Tell me more about your experience of this.”

“What are the three most important things

about this for you?”

“How did you make sense of this for yourself?”

“What were your greatest strengths within this situation?”

“How do you position yourself in this story?”

“How do others see you in this story?”

“How do you position others in this story?”

“How are you different now that this has happened?”

“Could you describe what you saw, heard, thought, felt?”

“What would you like to explore further?”

“What haven’t you talked about? What do I not know about this?”

“What do you think your next step is?”

“What do you need for more healing?”

“What new perspective would you like to take forward, given this has happened?”

“What contribution is now yours?”

We are exploring ways to use the expressive arts as the methods for externalizing the internal conversation within those who are grieving.

Barbara Thompson states, “We are transformed through our telling of the story, whether the telling is in word, visual image, bodily gesture, musical rhythm, dramatic enactment, or ritual. Given proper conditions, this process helps us experience the loss and recreate a uniquely textured world

of meaning that restores our connections with self and others” (2003, p. 1). Robert Neimeyer, in his work entitled *Lessons of Loss: A Guide to Coping*, offers many creative ideas for multi-modal techniques for grief counseling aimed at narrative reconstruction (2000). Narrative reconstruction practices might include methodologies such as guided journaling, photography projects, shrine making, life reviews, videography, and the use of “sacred” art.

Grief counseling becomes the forum for transformation of the griever’s story, a sacred and vulnerable process of adapting and accommodating great loss. Counselors become the witnesses for story telling and story making. This conceptualization changes our traditional practices with those affected by grief. We become collaborators with our clients as they journey to remake their lives. We become contributors to the resilient stories that may be passed through families and communities impacted by grief. We become shapers of a new paradigm of mourning, a model different from what we historically understood about this inevitable part of the human condition.

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